

COUNTERDRUG MISSION FLIGHT PLAN / BRIEFING FORM

☐ USCS ☐ DEA ☐ USFS ☐ EPIC ☐ USCG ☐ JTF6 ☐ NG
☐ SEADS ☐ WADS ☐ NEADS ☐ 84 RADES ☐ ORIENT ☐ TRNG ☐ OTHER

Mission Number: _____	Date: _____
Requestors Name: _____	Results Passed To: _____
Phone Number: _____	Date: _____
PIC Name and Rank: _____	<input type="checkbox"/> Night <input type="checkbox"/> Mountain <input type="checkbox"/> Instrument <input type="checkbox"/> Overwater
PIC Signature: _____	CAP ID: _____
Obs Name and Rank: _____	Obs Name and Rank: _____
CAP ID: _____	CAP ID: _____

FLIGHT PLAN INFORMATION

Tail Number: N _____ CAP Flight #: _____	A/C Type: _____ <input type="checkbox"/> Corporate <input type="checkbox"/> Member A/C Color: _____ Hrs Fuel Onboard: _____ TAS: _____ ETD: _____ ATD: _____ ETA: _____ ATA: _____
A/C Home Base: _____ <input type="checkbox"/> Filed CAP <input type="checkbox"/> Filed FAA <input type="checkbox"/> IFR <input type="checkbox"/> VFR	

Hobbs End: _____ Hobbs Start: _____ Total Time: _____ A/C Per Hour: _____ Total Fuel/Oil/Etc: _____ Total A/C Cost: _____	Admin man hrs: _____ Crew man hrs: _____ Total man hrs: _____ Total man days: _____	MISSION OBJECTIVES <table style="width:100%;"> <tr> <td>E - Marijuana Eradication</td> <td>P - Airfield Photography</td> </tr> <tr> <td>T - Transportation</td> <td>V - Video / Digital Photography</td> </tr> <tr> <td>A - Air Reconnaissance</td> <td>X - Training</td> </tr> <tr> <td>M - Marine Reconnaissance</td> <td>O - Orientation</td> </tr> <tr> <td>R - Radar Evaluation</td> <td>S - Other Support</td> </tr> <tr> <td>C - Airport Reconnaissance</td> <td>Q - Communications</td> </tr> <tr> <td></td> <td>D - DDR Support</td> </tr> </table>	E - Marijuana Eradication	P - Airfield Photography	T - Transportation	V - Video / Digital Photography	A - Air Reconnaissance	X - Training	M - Marine Reconnaissance	O - Orientation	R - Radar Evaluation	S - Other Support	C - Airport Reconnaissance	Q - Communications		D - DDR Support
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FRO Name: _____ Tele Release <input type="checkbox"/> (Type Name) FRO Signature: _____	RON Approved By: _____ (Type Name) Date: _____
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SORTIE	FROM	TO	TIME	OBJ	SORTIE	FROM	TO	TIME	OBJ
1					6				
2					7				
3					8				
4					9				
5					10				

MISSION OBJECTIVES / RESULTS / COMMENTS	
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